

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	\						51		
2	\						52		
3	\						53		
4	\						54		
5	\						55		
6	\						56		
7	\						57		
8	\						58		
9	\						59		
10	\						60		
11	\						61		
12	\						62		
13	\						63		
14	\						64		
15	\						65		
16	\						66		
17	\						67		
18	\						68		
19	\						69		
20	\						70		
21	\						71		
22	\						72		
23	\						73		
24	\						74		
25	\						75		
26	\						76		
27	\						77		
28	\						78		
29	\						79		
30	\						80		
31	\						81		
32	\						82		
33	\						83		
34	\						84		
35	\						85		
36	\						86		
37	\						87		
38	\						88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	32						TOTAL IND.		
TOTAL DEP.	6						TOTAL DEP.		
TOTAL CLAIMS	38						TOTAL CLAIMS		